

## TENANT OCCUPANCY PERMIT APPLICATION City of Sedona

104 Roadrunner Drive Sedona, AZ 86336 (928) 282-1154 or Fax (928) 204-7124

Permit #
Deposit \$
Date Rec'd By
Use Code
Census Code

## ALL INFORMATION MUST BE COMPLETED IN ORDER FOR THE APPLICATION TO BE ACCEPTED

PLEASE BE ADVISED OF THE FOLLOWING REQUIREMENTS LISTED BELOW:

Intended Use (i.e., Retail,  Assessor Parcel No.  Business Address	TION INFO		Office a Complice District Occupa 2. You are	at (928) 282-6800 to so ance inspection. Appro is required in order to ancy from the City of So e required to contact th	oval from the Sedona Fire obtain a Certificate of edona.		
Assessor Parcel No.	Food Service, C	Office Professional etc.)	Office a Complice District Occupa 2. You are	at (928) 282-6800 to so ance inspection. Appro is required in order to ancy from the City of So e required to contact th	chedule a Fire Code oval from the Sedona Fire obtain a Certificate of edona.		
			Occupa — 2. You are	ancy from the City of Se e required to contact th	edona.		
Business Address		Assessor Parcel No.			<ol> <li>You are required to contact the Arizona Department of Revenue to report the City of Sedona as your place of business for sales tax purposes.</li> </ol>		
Business Address			<ol> <li>You are required to complete and return a City of Sedona Business Registration Application to the City Clerk's office.</li> <li>Building signage requires a City of Sedona Sign Permit.</li> <li>Grand Opening Banners or Promotional Banners require a separate Temporary Sign Permit.</li> </ol>				
Suite No. Building Name (if applicable)							
Lot No. Subdivis	: (: <b>f</b>  : -	-)	6. Final bu	uilding inspection & ap	proval is required prior to		
Lot No. Subdivision (if applicable)			receiving a Certificate of Occupancy 7. You are required to complete the attached Tenant Improvement/Tenant Occupancy Preliminary				
Business Name				onnaire in its entirety			
TEN	ANT INFOR	MATION	BUILDII	NG OWNER OR PRI	OPERTY MANAGER TION		
			_				
Tenant Name (Person(s))							
Mailing Address			Building Owner/ Property Manager Name				
_ Intalling Address			Mailing Address				
City	State	Zip	_   Walling / ladicoo				
			City	State	Zip		
Phone No Fa	x No	Cell No	Phone No	Fax No	Cell No		
			Filone No	I ax NO	Cell No		